### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authoriz	zed Committee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Friends of Don Webb	)			
				1
ADDRESS (number and street)	1610 Bridges Drive			
Check if different than previously reported. (ACC)	High Point		NC 27262	2
2. FEC IDENTIFICATION	NUMBER ▼	CITY	STATE	ZIP CODE A STATE ▼ DISTRICT
C C00546291		S THIS X NEW (N) OR	AMENDED (A)	NC 06
4. TYPE OF REPORT (Co. (a) Quarterly Reports:  April 15 Quarterly	(b) 12	Primary (12P)  Convention (12C)	General (12G)  Special (12S)	Runoff (12R)
July 15 Quarterly October 15 Quar		lection on 05 / 06	/ Y Y Y Y 2014	in the NC
January 31 Year-	End Report (YE) (c) 30	D-Day <b>POST</b> -Election Report for the	ne:	
	(6)	General (30G)	Runoff (30R)	Special (30S)
Termination Repo		lection on	/ Y " Y " Y " Y	in the State of
5. Covering Period	04  / D  / Y  Y  Y  20	14 through 04	M / D D / Y 16	2014 Y 2014
I certify that I have examined Type or Print Name of Treasu		t of my knowledge and belief it is	s true, correct and con	mplete.
Signature of Treasurer St	eve Arnold	[Electronically Filed]	Date 04	24 / Y Y Y Y Y Y 2014
NOTE: Submission of false, erro	oneous, or incomplete inform	nation may subject the person signin	ng this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

of Receipts and Disbursements FEC Form 3 (Revised 02/2003)

PAGE 2 / 24

Write or Type Committee Name

Friends	of.	Dan	Wahk	
LIIGHUS	UΙ	ווטע	VVEDL	,

R	epor	t Covering the Period: From:	04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M 04
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	8175.00	50324.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8175.00	50324.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	10131.62	101296.12
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10131.62	101296.12
8.		sh on Hand at Close of porting Period (from Line 27)	527.88	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on needule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on nedule C and/or Schedule D)	51500.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3 / 24

Write or Type Committee Name

### Friends of Don Webb

Report Covering the Period: From: 04 01 2014 To: 04 16 2014

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. C	ONTRIBUTIONS (other than loans) FROM:		
(8	n) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	5600.00	41600.00
	(ii) Unitemized(iii) TOTAL of contributions	1575.00	7724.00
	from individuals	7175.00	49324.00
(k		0.00	0.00
(c	(such as PACs)	1000.00	1000.00
(c (e	) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	8175.00	50324.00
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
	OANS:  N) Made or Guaranteed by the		
(a	Candidate	0.00	51500.00
(k		0.00	0.00
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	51500.00
	FFSETS TO OPERATING		
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	8175.00	101824.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	10131.62	101296.12
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	10131.62	101296.12
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	2484.50
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	8175.00
25.	SUBTOTAL (add Line 23 and Line 24)		10659.50
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	10131.62
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		527.88

FOR LINE NUMBER: **PAGE** 5 OF 24 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Don Webb Full Name (Last, First, Middle Initial) Catherine Barnes Date of Receipt Mailing Address 2409 Gordon Road 2014 07 City State Zip Code Transaction ID: SA11AI.4510 NC 27265 **High Point** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation contribution homemaker homemaker Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) William Gorelick Date of Receipt Mailing Address 4064 Colony Road 15 2014 Suite 340 City State Zip Code Transaction ID: SA11AI.4519 Charlotte NC 28211 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation contribution Self Investor Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Earl Holt Date of Receipt Mailing Address 1703 Clarendon Court 2014 12 City State Zip Code Transaction ID: SA11AI.4531 TX Longview 75601 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Retired Retired contribution Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 6 OF 24 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Don Webb Full Name (Last, First, Middle Initial) Christopher Jones Date of Receipt Mailing Address 406 W. Smith Street 2014 09 City State Zip Code Transaction ID: SA11AI.4529 NC 27403 Greensboro FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 350.00 Name of Employer Occupation contribution Carolina Financial Advisors Financial Advisor Receipt For: 2014 Election Cycle-to-Date Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) David Moore Date of Receipt Mailing Address 1322 Greenway Drive 07 2014 Citv State Zip Code Transaction ID: SA11AI.4504 High Point NC 27262 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Physician contribution Cornerstone Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Donald Reinhard Date of Receipt Mailing Address 75 Harvard Avenue 2014 04 City State Zip Code Transaction ID: SA11AI.4527 PΑ Palmerton 18071 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Retired Retired contribution Receipt For: 2014 Election Cycle-to-Date | Yrimary General Other (specify) 500.00 1350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	R LINE	NU	MBER:	PAGE	7 (	OF_	24
Use separate schedule(s)	(che	eck only	or or	ne)				
for each category of the	×	11a		11b	11c	11d		
Detailed Summary Page		12		13a	13b	14		15
, c		12		13a	13b	14		15

		Statements may not be sold or used by any pe a name and address of any political committee	
	NAME OF COMMITTEE (In Full) Friends of Don Webb		
Α.	Full Name (Last, First, Middle Initial) Albert Reynolds Mailing Address 1005 Burga Loop		Date of Receipt
	City Chule Viete	State Zip Code CA 91910	04 12 2014 Transaction ID : SA11AI.4535
	Chula Vista  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Retired Receipt For: 2014	Occupation Retired	contribution
	Primary General Other (specify)	Election Cycle-to-Date 500.00	
В.	Full Name (Last, First, Middle Initial) Russell Sabanek		Date of Receipt
	Mailing Address 258 Sewell Road  City	State Zip Code	04 13 2014
	Wolfeboro	NH 03894	Transaction ID : SA11AI.4539
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired	contribution
	Receipt For: 2014  Primary General Other (specify)	Election Cycle-to-Date	
_	Full Name (Last, First, Middle Initial)  John Taylor		Date of Receipt
C.	Mailing Address 367 Country Club Drive NE	State Zip Code	04 07 7 2014
	Warren	OH 44484	Transaction ID : SA11AI.4502
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer Paige & Byrnes Ins. Agency Receipt For: 2014	Occupation Insurance	250.00 contribution
	Primary General Other (specify)	Election Cycle-to-Date 250.00	
Г	SUBTOTAL of Receipts This Page (optional)		1750.00

FOR LINE NUMBER: PAGE 8 OF 24 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12

13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Don Webb Full Name (Last, First, Middle Initial) Jon Tollefson Date of Receipt Mailing Address 25349 615 Street 2014 12 City State Zip Code Transaction ID: SA11AI.4533 MN 55955 Mantorville FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation contribution Retired Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Robert Walker Date of Receipt Mailing Address 411 Forrest Street 15 2014 City State Zip Code Transaction ID: SA11AI.4517 Lewisburg ΤN 37091 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Retired contribution Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... 5600.00 TOTAL This Period (last page this line number only).....

	F	OR LINE	NU	MBER	:	PAGE		9	OF	24
Use separate schedule(s)	(c	(check only one)								
for each category of the Detailed Summary Page	[	11a		11b	X	11c		110	d	
Detailed Summary Page		12		13a		13b		14		15
y not be sold or used by any p ldress of any political committe										

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad NAME OF COMMITTEE (In Full) Friends of Don Webb Full Name (Last, First, Middle Initial) TITLETOWN PAC Date of Receipt Mailing Address PO BOX 15593 2014 07 City State Zip Code Transaction ID: SA11C.4507 DC 20003 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00505297 federal political committee. 1000.00 Name of Employer Occupation contribution Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 10 OF 24 (check only one)    X   17
					person for the purpose of soliciting contributions ee to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Friends of Don Webb				
۸.	Full Name (Last, First, Middle Initial) Anedot				Date of Disbursement
	Mailing Address Third Street Suite 2B				04 16 2014
	City Baton Rouge	State LA	Zip Code 70801		Amount of Each Disbursement this Period
	Purpose of Disbursement Solicitation & Fundraising Expenses			003	161.62 Transaction ID : SB17.4541
	Candidate Name	_		Category/ Type	
	Senate President	ursement For Primary Other (s	General		
_	State: District:   Full Name (Last, First, Middle Initial)				
3.	SNDC, LLC  Mailing Address 1610 Bridges Drive				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		
	High Point	NC	27262		Amount of Each Disbursement this Period
	Purpose of Disbursement Survey/ Survey Research		-	001	2550.00 Transaction ID : SB17.4542
	Candidate Name Friends of Don Webb			Category/ Type	Transaction ID: 3617.4342
		Primary Other (s	General		
	Full Name (Last, First, Middle Initial)				
Э.	SNDC, LLC				Date of Disbursement
	Mailing Address 1610 Bridges Drive				04 / D D / Y Y Y Y O D D D D D D D D D D D D D D D
	,		p Code		Amount of Each Disbursement this Period
High Point NC 27262  Purpose of Disbursement Salary			7262	001	3750.00
Candidate Name Cate				Category/ Type	Transaction ID : SB17.4543
	Office Sought: House Disbut Senate President	rsement For Primary Other (s	General	.,,,,	
_	State: NC District: 06				
					6461 62

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Office Sought:

State:

House

Senate President

District:

### S IT

ln	nage# 14960865965			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	I I		FOR LINE NUMBER: PAGE 11 OF 24 (check only one)    X   17
	ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a			
	NAME OF COMMITTEE (In Full) Friends of Don Webb			
Α.	Full Name (Last, First, Middle Initial) SNDC, LLC			Date of Disbursement
	Mailing Address 1610 Bridges Drive			04 15 2014
	City State High Point NC	Zip Code 27262		Amount of Each Disbursement this Period
	Purpose of Disbursement Consultant - Fundraising		001	3670.00 Transaction ID : SB17.4544
	Candidate Name Friends of Don Webb		Category/ Type	
	Office Sought:    House   Disbursement For	General		
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	Office Sought:  House Senate Primary President  Disbursement For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State Zi	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/	-

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Disbursement For:

Primary

Other (specify)

General

3670.00

10131.62

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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X	13a
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DANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full) Friends of Don Webb		Transa	ction ID : SC/10.4222
			I =
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)		Election: 2014  Primary
Friends of Don Webb			General
Mailing Address 1610 Bridges Drive			Other (specify)
City	State ZIP C	Code	
High Point	NC 27262	2	
Original Amount of Loan	Cumulative Payment 1	To Date Bala	ance Outstanding at Close of This Period
5000.	00	0.00	5000.00
TERMS  Date Incurred	Date Du	e Interest Rat	re Secured:
M06 <sup>M</sup> / D12 <sup>D</sup> / Y 2013	Y M M / D D / Y	(12/31/2014 <sup>°</sup> 0.00	0 % (apr) Yes No
List All Endorsers or Guarantors (i	f any) to Loan Source		Tes INO
Full Name (Last, First, Middle In Don Webb	itial)	Name of Employer Wells Fargo	
Mailing Address		Occupation Finiancial Advisor	
220 Timberlake Dr		Amount	
City	State ZIP Code	Guaranteed	5000.00
High Point	NC 27265	Outstanding: Transact	tion ID : SC/10.4222.0.SC2
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	9 9 9 9
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (o	otional)		5000.00
TOTALS This Period (last page in this	·		7 7 7
		_	7 7 7 7
Carry outstanding balance only to LIN	E 3, Schedule D, for this line. I	f no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4116 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 2000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>м</sup> 07<sup>м</sup> 02 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 2000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4116.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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X	13a
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(check only one) Detailed Summary Page Transaction ID: SC/10.4114 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>26 <sup>м</sup> 07<sup>м</sup> 2013 12/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 3000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4114.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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	13b

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Detailed Summary Page Transaction ID: SC/10.4110 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 14 <sup>D</sup> <sup>M</sup> 08<sup>M</sup> 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 5000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4110.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

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(check only one) Detailed Summary Page Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 13<sup>D</sup> <sup>M</sup> 09<sup>M</sup> 2013 12/30/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 4000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4106.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

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Detailed Summary Page Transaction ID: SC/10.4266 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup> 11 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 2000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4266.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4268 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup>28<sup>D</sup> 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 2000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4268.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4288 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>"</sub>м 08 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 3000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4288.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4307 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7000.00 0.00 7000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 14 <sup>D</sup> м <sub>"</sub>м 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 7000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4307.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 7000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4301 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7000.00 0.00 7000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>м</sup> 12<sup>м</sup> 02 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 7000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4301.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 7000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4450 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01<sup>M</sup> <sup>D</sup> 17 ž014 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 2000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4450.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4451 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> <sup>D</sup>14 ž014 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 7500.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4451.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4452 NAME OF COMMITTEE (In Full) Friends of Don Webb LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Don Webb General Mailing Address Other (specify) 220 Timberlake Drive State ZIP Code City NC 27265 High Point Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> <sup>D</sup>18 ž014 0.00 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Don Webb Wells Fargo Mailing Address Occupation Financial Advisor 220 Timberlake Drive Amount Guaranteed 2000.00 City State ZIP Code Outstanding: High Point 27265 NC Transaction ID: SC/10.4452.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only)..... 51500.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.